

**Vermont Office of Attorney General  
109 State Street  
Montpelier, VT 05609-1001**

**2013 Disclosure Form for Manufacturers of Prescribed Products**

**Reporting Period for Pharmaceuticals, Biologics and Medical Devices  
January 1, 2013 to December 31, 2013; Due Date: April 1, 2014**

You must disclose allowable expenditures and gifts which are not banned.

Name of Manufacturer				
Last Name of Recipient		First Name		MI
Lic. Number/ID Number of Recipient				
Date Expenditure Incurred				
Value/Amount of Expenditure				
Nature of Expenditure	<input type="checkbox"/>	If "Other"		
Purpose of Expenditure	<input type="checkbox"/>	If "Other"		
FMV Payment Description				

Prescribed Product(s) (up to five) to which expenditure or gift relates.

Product Type	<input type="checkbox"/>	Product Name	
Product Type	<input type="checkbox"/>	Product Name	
Product Type	<input type="checkbox"/>	Product Name	
Product Type	<input type="checkbox"/>	Product Name	
Product Type	<input type="checkbox"/>	Product Name	

Next Disclosure

Print for Your Records

Submit by Email

## 2013 Pharmaceutical Gift Disclosure Field Values

### **Nature of Expenditure**

Cash, Check or Credit Card  
Educational Materials  
Demo/Evaluation Unit  
Loan of Medical Device  
Other

### **Purpose of Expenditure**

Conference Sponsorship  
Faculty Honoraria/Speaker Fee  
Faculty Expense  
Scholarship/Fellowship  
Educational Materials  
Medical Device – Loans, Demos  
Medical Device Training - Compensation  
Medical Device Training - Other Expenses  
Bona fide Clinical Trial - Gross Compensation  
Bona fide Clinical Trial - Salary Support  
Bona fide Clinical Trial - Expenses  
Research Project - Gross Compensation  
Research Project - Salary Support  
Research Project - Expenses  
Consulting  
Gift to Institution/Organization  
Other FMV Payment  
Other

### **Product Type**

Pharmaceutical  
Biologic  
Medical Device  
Combination Product